Brookhaven Police Department 2665 Buford Hwy Brookhaven, GA 30324 Main: 404-637-0600 Fax: 404-637-0601 www.brookhavenga.gov



Alcohol Serving Permit Application

The City of Brookhaven has established the following application to allow for the lawful alcohol serving of alcohol in accordance with the City of Brookhaven's Alcoholic Beverages, Chapter 4 as it pertains to Alcohol serving Permits.

An Alcohol serving Permit is required for any employee who engages in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Brookhaven. For questions regarding an Alcohol Beverage License, please contact the Brookhaven Police Department at 404-637- 0600. No licensee shall employ any person required to have an alcohol serving permit until such person has obtained such permit.

Alcohol serving permits are issued to individual applicants. Only one alcohol serving permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Brookhaven's Alcohol Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee alcohol serving permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for an alcohol serving permit through the City of Brookhaven Police Department is \$40.00. Please make checks payable to City of Brookhaven. ***NON-REFUNDABLE**

Please submit the following alcohol serving permit application and required supplemental materials (detailed in the following checklist) to the Brookhaven Police Department, located at **2665 Buford Hwy, Brookhaven, GA 30324.** If you have questions, please do not hesitate to contact the Finance and Administration Department at (404) 637-0600.

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Alcohol serving Permit Checklist

Application Requirements:
☐ Alcohol serving Permit Application Information
☐ Applicant's Certification (Notarized)
☐ Signed Authorization for Criminal Background Check
□ Background check by the City of Brookhaven Police Department (Monday-Friday: 8:30am-4:30pm)
Photographing by the City of Brookhaven Police Department (Monday-Friday: 8:30am 4:30pm)
☐ Copy of current driver's license
□ Payment in full
The following items may be required, if applicable:
 Arrest and conviction Information, including: date(s) of conviction or arrest charge(s) location(s) dates served in jail dates served on probation or parole
Alcohol serving permit fees:
☐ Permit Fee \$40.00 ***NON-REFUNDABLE***

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Brookhaven Police Department 2665 Buford Hwy Brookhaven, GA 30324 Main: 404-637-0600 Fax: 404-637-0601 www.brookhavenga.gov

Alcohol Serving Permit Application

Applicant Information

Last Name:	First Name:	Middle Name:	
Aliases/Stage Names:		Social Security #:	
Sex: □ Male □ Female	Height:		
Race:	Hair Color:	Eye Color:	
Date of Birth:	Birthplace City:	Birthplace State:	
Driver's License #:		State Issued:	
Contact Information			
Home Address:			
Home Phone:	Mobile/Cell Pho	ne:	
Please list any additional lega	l addresses for the past five ((5) years:	
(1):			
(4):			
		Emergency Contact Phone:	
<u>References</u>			
Name/Address/Phone/Email			
(1):			
(2):			
(3).			

Alcohol serving Permit (01.10.14) Page 3 of 7

The City of Brookhaven, GA

Brookhaven Police Department 2665 Buford Hwy Brookhaven, GA 30324 Main 404-637-0600 Fax 404-637-0601 www.brookhavenga.gov

Employment Information

Business of Employment:	Job Title:	
Street Address:	Supervisor:	
Phone:	Length of Employment:	

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Alcohol Serving Permit Application

Please answer the following questions below

1. Have you been arrested and/or convicted for a misdemeanor within the past five (5) years? (yes/no)

If yes, please attach a list including date(s) of arrest, charge(s), location(s), dates served in jail, and dates served on probation or parole. Please note that any applicant with misdemeanor drug charges within the past five years will be denied.

2. Have you been arrested and/or convicted for a felony within the past five (5) years? (yes/no)

Please note that any applicant with felony convictions or open charges within the past five years will be denied.

3. Have you been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five (5) years? (yes/no)

Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five years will be denied.

4. Have you been arrested and/or convicted for moral turpitude within the past ten (10) years? (yes/no)

Please note that any applicant with moral turpitude convictions within the past ten years will be denied.

5. Have you pled guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, illegal possession or sale of controlled substances, or the illegal sale or possession of alcohol, including the sale or transfer of alcoholic beverages to minors in a related crime within the past five (5) years? (yes/no)

Please note that any applicant that has pled guilty or entered a plea of nolo contendere to any crime as described in the preceding paragraph within the past five years will be denied.

6. Are you on active probation, parole, or sex offender registry? (yes/no)

Please note that any applicant that is on active probation, parole, or on a sex offender registry will be denied.

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Applicant:

Brookhaven Police Department 2665 Buford Hwy Brookhaven, GA 30324 Main 404-637-0600 Fax 404-637-0601 www.brookhavenga.gov

Alcohol serving Permit Applicant's Affidavit and Signature

Job Title:	
	ne issuance of a Alcohol serving Permit, the applicant ss from claims, demand or cause of action which may ermit.
and answers made by me to the forego	ninal penalties for false swearing, that the statements sing questions in this application for a Alcohol serving ent statement or answer is made herein to procure the
Brookhaven's Alcohol Beverages, Chapter 3 of O.C.G.A. shall result in the automatic	conviction for violation of the provisions of the City of 4 or the State of Georgia's Alcohol Beverage Code, Title suspension of the Alcohol serving Permit. Furthermore, ol serving Permit and demand its return if the applicant or welfare.
	wful for an applicant whose Alcohol serving Permit has return of the card has been made to refuse to return estroy the card.
Applicant's Signature:	
Sworn and Attested before me on this	day of, 20
Notary Signature and Seal:	
	Chaff Han Out
•	Staff Use Only
Permit #:	Permit Fees:
Approved/Denied by:	Expiration Date:
Approval Date:	Denied Date:

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Background Check Consent Form

***PLEASE NOTE: Background Checks are only performed between the hours of 8:30AM- 4:30PM on Monday through Friday.

I authorize the **Brookhaven Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name:					
Maiden Name/Previous Name/Alias Info:					
Date:	Telephone Number:				
Are you a U.S. Citizen?	Yes No_				
If no, you will need to have your Green Card available. Country of Birth:					
Date of Birth:	Race:Sex	:Social Sec#:			
Street Address:					
City:	County:	State:Zip:			
Business Name:					
Business Address:					
Signature of Applicant:_					
For Police Department Use Only:					
 □ Return Results to Police Department □ Alcohol serving Permit (Photo, Background Check)-Issue to Applicant (Exp. 1 yr) 					
Employee Completing:		Date Complete:			
Record Attached:		No Record:			

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